

FILED 09 MAY '19 10:42 USDC-ORE

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

UNITED STATES DISTRICT COURT

for the

District of Oregon

Eugene DivisionPatrick Louis Henderson
Christine Diane Henderson

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Oregon Department of Human
Services

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No.

6:19cv724-mk
(to be filled in by the Clerk's Office)

Jury Trial: (check one)



Yes



No

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

Patrick and Christine Henderson
3130 Kinslow Apt 305
Eugene, Lane,
Oregon 97401
541-232-2554

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

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Defendant No. 1

Name Department of Human
 Job or Title (if known) Services - Full Access
 Street Address Brokerage
 City and County 1240 Charnelton St.
 State and Zip Code Eugene Or 97401
 Telephone Number 541-284-5070
 E-mail Address (if known) Asst Manager: Kristie Krinack

Defendant No. 2

Name Department of Human
 Job or Title (if known) Services - Oregon Develop
 Street Address mental Disabilities
 City and County Services
 State and Zip Code 500 Summer Street NE
 Telephone Number E 02 Salem Or 97301-1073
 E-mail Address (if known) 503-282-8096

Defendant No. 3

Name Department of Human
 Job or Title (if known) Services - Oregon Health
 Street Address Authority
 City and County 3991 Fairview Industrial
 State and Zip Code Dr SE Salem Or 97302
 Telephone Number 877 398 9238
 E-mail Address (if known)

Defendant No. 4

Name
 Job or Title (if known)
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address (if known)

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II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply).

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

ADA Title II + III Medicaid and Medicare Fraud
Section 504
"Steering" Housing discrimination
Constitutionality of state statutes

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) Patrick Louis Henderson, is a citizen of the
State of (name) Christine Diane Henderson
Oregon

b. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated
under the laws of the State of (name) _____,
and has its principal place of business in the State of (name) _____

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) Fast Access, is a citizen of
the State of (name) Oregon. Or is a citizen of
(foreign nation) _____

b. If the defendant is a corporation

The defendant, (name) Oregon Department of Human Services is incorporated under the laws of the State of (name) Oregon, and has its principal place of business in the State of (name) _____.

Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy /moral and ethical issue not about \$.

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Patrick's care requires 24/7 and 2 staff that requires advanced training. Patrick's Primary Care Physician has ordered these services should be provided in his personal home. Not a institution. DHS refused to comply. Patrick has sustained personal injury due to DHS refusing to follow medical orders.

Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

- * Stop Medicaid and Medicare Fraud by making DHS follow their own rules and quit embezzling funds that were meant for rights of Oregon Needs Assessments not for DHS wages.
- * Change PASSR assessment tool so it does not discriminate based on a persons Diagnosis. Award 40,000.00 to pay DHS's Recovery unit and Award damages for harassment, undo stress, Bullying.
- * Change DHS's state + Federal Regulations that "steer" medical services based on a clients choice of housing Accommodations.
- * Award damages to clients and workers being forced laborer/working out of scope of training lost wages/withheld wages

see enclosed protective service complaint

change DHS rules so they are not Bulling in direct care workers 30 days break in 30 days labor law 2014 2015 2016 2017 2018 2019

for more info see DHS website

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

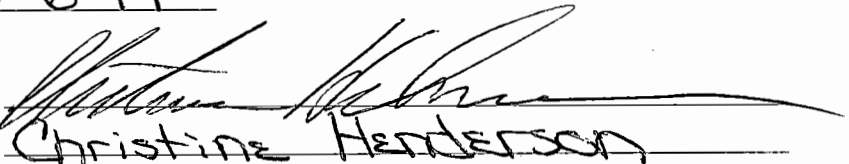
I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

5-6-19

Signature of Plaintiff

Printed Name of Plaintiff


Christine Henderson**B. For Attorneys**

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address